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**Student Request for EXL Certification Form**

**Request for EXL Certification**

Middle Tennessee State University

Box 247

Murfreesboro, Tennessee 37132

Phone 615-898-5542

NAME: MTSU ID:

ADDRESS:

CITY/ST/ZIP:

TELEPHONE #: DATE:

EMAIL: MAJOR:

EXPECTED GRADUATION DATE (semester/year):

EXL classes: Date Completed:

EXL External Activity (class or volunteer activity completed outside of MTSU):

MTSU Internal Service Activity (Non-paid MTSU leadership role, MTSU sponsored volunteer activities):

EXL Portfolio/EXL 4000 (semester you plan to take the class –should be the semester of graduation):

I understand that it is my responsibility to ensure that the credits I earn are applicable to my EXL Designation.

***Student Signature***  ***Date***